

Docket Number: **BIV-052.02**

**My residence, post office address and citizenship are as stated below next to my name.**

### **Methods and Composition for Treating or Preventing Peripheral Neuropathies**

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulation, §1.56.

Prior Foreign Application(s)			Priority Claimed
_____	_____	_____	( ) Yes ( ) No
(Number)	(Country)	(Day/Month/Year Filed)	
_____	_____	_____	( ) Yes ( ) No
(Number)	(Country)	(Day/Month/Year Filed)	

(Application Number)	(Filing Date)
(Application Number)	(Filing Date)

<u>09/187,387</u> (Application Number)	<u>November 6, 1998</u> (Filing Date)	<u></u> (Status: patent, pending, abandoned)
<u></u> (Application Number)	<u></u> (Filing Date)	<u></u> (Status: patent, pending, abandoned)

I hereby appoint Beth E. Arnold, Reg. No. 35,430; Paula Campbell, Reg. No. 32,503, Charles H. Cella, Reg. No. 38,099; Isabell M. Clauss, Reg. (see attached); Edward J. Kelly, Reg. No. 38,936; Donald W. Muirhead, Reg. No. 33,978; Chinh Pham, Reg. No. 39,329; Anne Saturnelli, Reg. No. 41,290; Diana Steel, Reg. No. 43,153; Wolfgang Stutius, Reg. No. 40,256; Kingsley Taft, Reg. No. 43,946; Matthew P. Vincent, Reg. No. 36,709; and Anita Varma, Reg. No. 43,221 as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name): Alphonse Galdes

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

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